

State of Nebraska  
 Department of Health and Human Services  
 Regulation and Licensure  
 Credentialing Division  
 PO Box 94986  
 Lincoln, NE 68509-4986 ☎ (402) 471-2118

**APPLICATION FOR APPROVAL TO SUPERVISE  
 MORE THAN TWO PHYSICIAN ASSISTANTS**

<b>Section A: Physician Information</b>				
<b>Name of Physician:</b>	First:	Middle:	Last:	
Physician's Primary Site of Practice:				
Street Address/PO Box:				
City:		State:		Zip Code:
County:			Telephone:	
Physician's License #:				
<b>Section B: Physician Assistants You Are Currently Supervising</b>				
	PA License #	Name of PA	Supervisor Certificate #	Date Supervisor Certificate issued
1				
2				
3				
<b>Section C: Physician Assistant You are Requesting Approval to Supervise</b>				
PA License #:		Name:		
<b>Section D: Weekly Practice Schedule</b>				
List Schedules for Supervising Physician and each Physician Assistant for the Primary Site of Practice. If secondary sites are involved, attach a separate sheet listing schedules for each additional site. If you are currently supervising more than two physician assistants, list schedules on a separate sheet using same format as below.				
	<b>Physician</b>	<b>Name of PA:</b>	<b>Name of PA:</b>	<b>PA you are requesting approval to supervise</b>
<b>Mon</b>				
<b>Tue</b>				
<b>Wed</b>				
<b>Thu</b>				
<b>Fri</b>				
<b>Sat</b>				
<b>Sun</b>				
<b>Total</b>				

Reason for request and signature required on next page.

**Section E: Reason for Request**

Nebraska Regulations Governing the Licensure of Physician Assistants and Certification to Supervise Physician Assistants, 172 NAC 90-006.01J, states that a supervising physician may be certified to supervise only two physician assistants, unless there is showing of good cause by the supervising physician. In determining such good cause, the factors to consider include but are not limited to: temporary loss of a supervising physician, part-time employment of the physician assistant and practicing in facilities that serve state or federally designated shortage areas or underserved areas.

**Check All That Apply and Provide Explanation. (Attach Additional Sheet if Necessary.)**

	Group Practices:	
	Temporary Loss of a Supervising Physician:	
	Part-time Employment of Physician Assistants:	
	State or Federally Designated Shortage Area of Under-Served Area:	
	Other:	

I attest that the statements on this application are true and correct.

Signature of Physician: \_\_\_\_\_ Date Signed: \_\_\_\_\_

This application must be reviewed by the Physician Assistant Committee and the Board of Medicine and Surgery. Your application will be presented at their next scheduled meetings if it is received in time be added to the meeting agenda. Requests to supervise more than two physician assistants will only be considered if our Department has also received an *Application for Certification of Approval to Supervise a Physician Assistant* for the physician assistant named in Section C of this application and the required application fee. Be aware that the approval process normally takes 30 to 90 days.